TOWN OF SWEDEN CHAPTER 55

PUBLIC ASSEMBLY PERMIT APPLICATION

EVENT INFORMATION

NAME OF EVENT	
EVENT LOCATION	
EVENT SPONSOR	
START DATE AND TIME	ENDING DATE AND TIME
DESCRIPTION OF EVENT	

APPLICANT INFORMATION

NAME				
ADDRESS	CITY		STATE	ZIP
PHONE NUMBER		EM	AIL	
OWNER OF PROPERTY		DATE OF APPLICATION		
OWNERS ADDRESS	PHONE #			

EVENT REQUIREMENTS

1.	1. Anticipated number of people attending-			
2.	2. Describe parking arrangements-			
3.	3. Provide adequate lighting-			
4.	4. Is there a clear path for emergency vehicles to access event -			
5.	5. What are the provisions for EMS -			
6.	6. Describe additional restroom facilities-			
7.	7. Drinking water availability-			
8.	8. Is food being prepared- Health Dept. Permit -	YES	or	NO
9.	9. Adequate garbage receptacles-			
10	10. Are you having any additional onsite/offsite signage? YES or NO			
11	11. Any tents YES or NO If yes what size-			

Required site diagram to indicate site layout with any additional tents, parking arrangements, emergency vehicle access, and locations of restroom facilities. All public assembly events are subject to a Fire, Life and safety inspection prior to and throughout the duration of the event to unsure public safety.

The applicant is advised that additional permits or approvals may be required from other agencies if the event involves the serving of food or alcoholic beverages or any activity which may require obtaining permits from agencies other than the Town of Sweden. The applicant certifies that they have obtained any other permits from other agencies which may be required for this event. **APPLICANT'S INITIALS REQUIRED**____

APPLICANT SIGNATURE	DATE	
Building Inspector/Fire Marshal	Date	Approved / Denied

Permit Number	Issue Date	Expiration Date	Fee Paid	Receipt Number	